M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 031785 255

1. PLACE OF DEATH · COUNTY: Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin Md — LENGTH OF STAY (in this place): one year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield md
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) (Last) Arrington

4. DATE OF DEATH (Month) Mar (Day) 19 (Year) 1949

5. SEX: female

6. COLOR OR RACE: a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Apr 1920 29

9. AGE last birthday yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory worker

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Ray Holden

14. MOTHER'S MAIDEN NAME: Ida Milbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Edna Adams Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gun shot wound upper right chest.

981

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

166

(c) Pulmonary + Rt. Subclavian Hemorrhage.

INTERVAL BETWEEN ONSET AND DEATH: 15 min.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home

(CITY OR TOWN): Berlin (COUNTY): Wo. (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 3/19/49 1515 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Homicide

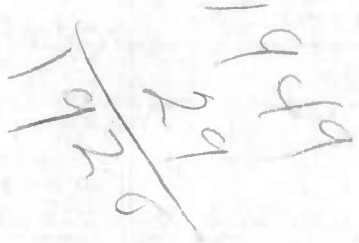
22. I hereby certify that I ~~attended~~ saw the deceased ~~from~~ on 3/19, 1949 to ——, 19....., that I last saw the deceased ~~alive~~ on 3/19, 1949 and that death occurred at 1600 m., from the causes and on the date stated above.

SIGNATURE: F Sevaasche, M.D. (Degree or title) (DME) ADDRESS: Snow Hill, Md DATE SIGNED: 3/19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Mar 24-1949 NAME OF CEMETERY OR CREMATORY: Strell Pawn-Somerset Co LOCATION (City, town, or county) (State): Marumsco, Md

DATE REC'D BY LOCAL REG.: 3/24/48 REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: James H. Stewart ADDRESS: Salisbury, Md.



RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03179

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1; LENGTH OF STAY (in this place) 6 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George; (Middle) W.; (Last) Blake

4. DATE OF DEATH: (Month) March; (Day) 17; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 15 - 1882

9. AGE last birthday: 67-2-2 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Samuel Blake

14. MOTHER'S MAIDEN NAME: Betsy Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charlie Blake

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 6 days

442 / 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Renal disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1946, to March 17, 1949, that I last saw the deceased alive on March 15, 1949, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE Robert L. LaMar (Degree or title) MD ADDRESS Snow Hill, Md. DATE SIGNED 3-17-49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial; DATE THEREOF March 19 1949; NAME OF CEMETERY OR CREMATORY Mt Wesley; LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 3/18/49; REGISTRAR'S SIGNATURE LeRoy Smith

24. FUNERAL DIRECTOR Ellas E. Timmis; ADDRESS Snow Hill Md

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03180

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; LENGTH OF STAY (in this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 Cedar Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural, give location) 204 Cedar Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) DALE (Last) BOOTH

4. DATE OF DEATH: (Month) March (Day) 1st (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 27-1886

9. AGE last birthday: 62 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant owner

11. BIRTHPLACE (State or foreign country): Chincoteague Island, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert T. Booth

14. MOTHER'S MAIDEN NAME: Elizebeth Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Mary M. Booth - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Angina Pectoris — Interval between onset and death: 2 or 3 minutes

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary disease — 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity + Hypertension — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949 to Feb, 1949 that I last saw the deceased alive on Feb 4th, 1949, and that death occurred at 2 a m., from the causes and on the date stated above.

SIGNATURE R E Sartorius (Degree or title) ADDRESS DATE SIGNED 3/1/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE March 3-1949 | NAME OF CEMETERY OR CREMATORY Selma M.E. Cemetery | LOCATION (City, town, or county) (State) Pocomoke Md.

DATE REC'D BY LOCAL REG. March 2, 1949 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR Henry H. Watson | ADDRESS Pocomoke Md.

VS. A15

RECEIVED
MAR 4 1949
BUREAU V. S.

03181

03181

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #1 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #1
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Olivia (Middle) E. (Last) Corbin
4. DATE OF DEATH (Month) March (Day) 21 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10-1896
9. AGE last birthday: 52-6-11 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Om Home
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME: William Harmon
14. MOTHER'S MAIDEN NAME: Ellen Purnell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Howard E. Corbin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 Immediate cause (a) Cancer of the breast — 6 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

50 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: unknown
19b. MAJOR FINDINGS OF OPERATION: Cancer of breast
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1948, to March 21, 1949, that I last saw the deceased alive on March 20, 1949, and that death occurred at 3.30 P m., from the causes and on the date stated above.

SIGNATURE: Paul Owen (Degree or title) — ADDRESS: Snow Hill Md — DATE SIGNED: 3/22/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 24/49 — NAME OF CEMETERY OR CREMATORY: St. James — LOCATION (City, town, or county): Snow Hill — (State): Md

DATE REC'D BY LOCAL REG.: 3/24/49 — REGISTRAR'S SIGNATURE: LeRoy Smith — 24. FUNERAL DIRECTOR: Clay E. Timmis Snow Hill — ADDRESS: Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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RECEIVED
MAR 28 1949
BUREAU V. S.

03182

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH · COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Ella (Last) Davis

4. DATE OF DEATH (Month) Mar (Day) 16, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Mar. 7, 1859
9. AGE last birthday 90 yrs. If under 1 year Months 0 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Stockton Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William H. Bratten
14. MOTHER'S MAIDEN NAME Mary Anne Cayne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Charles Hudson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Rupture of Oesophageal Varix c̄ anemia	2 days.
124b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) + Shock - sec to Cirrhosis of Liver -	11 yrs.
	(c) Generalized atherosclerosis -	11 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 16 Mar, 1949, that I last saw the deceased alive on 16 Mar, 1949, and that death occurred at 2 45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herman A. Robbins M.D. ADDRESS 5 Bay St. Berlin, Md DATE SIGNED 17 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 19 1949
NAME OF CEMETERY OR CREMATORY Church yards
LOCATION (City, town, or county) Stockton (State) Md

DATE REC'D BY LOCAL REG. 3-19-49
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

03183

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH · COUNTY: Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City LENGTH OF STAY (in this place): Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 435 Bank Street	STREET ADDRESS (If rural, give location): 435 Bank Street

3. NAME OF DECEASED (Type or Print): (First) Stewart (Middle) W. (Last) Dryden

4. DATE OF DEATH: (Month) Mar. (Day) 19, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Barber

11. BIRTHPLACE (State or foreign country): Pocomoke City Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Dryden

14. MOTHER'S MAIDEN NAME: Caroline Schoolfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Otho Dryden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Nephritis — [illegible]

592 Antecedent cause(s)

1318 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): [illegible]

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to March 19, 1949, that I last saw the deceased alive on 3-18, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) [illegible] ADDRESS: [illegible] DATE SIGNED: 3-21-49

23. BURIAL, CREMATION REMOVAL (Specify): Buried

DATE: Mar. 23, 49

NAME OF CEMETERY OR CREMATORY: Halls Hill Cemetery

LOCATION (City, town, or county) (State): Pocomoke City, Md

DATE REC'D BY LOCAL REG.: March 23, 1949

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: H. Harvey Bradshaw, Pocomoke City Md

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03184

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke Md.
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) SADIE (Middle) — (Last) FEDDEMON

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: April 1903 | 9. AGE last birthday: 46 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Schoolfield | 14. MOTHER'S MAIDEN NAME: Sadie Copes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: James Feddeman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage. — Instant.

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension.

83a (c) Obesity. — 7yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to 3/14, 19..49, that I last saw the deceased alive on Feb., 1949, and that death occurred at 3P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Louis L. Llewelyn, M.D. | Pocomoke City, Md. | 3/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF March 17, 1949 | NAME OF CEMETERY OR CREMATORY St James Prot. E. Cemetery | LOCATION (City, town, or county) (State) Rural Pocomoke, Worcester, Md.

DATE REC'D BY LOCAL REG. March 17, 1949 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke Md.

RECEIVED
MAR 19 1949
BUREAU V. S

03185

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke — LENGTH OF STAY (In this place) 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clarke Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) Clarke Ave

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) E. (Last) FOX

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 26-1902

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Theatre owner

10b. KIND OF BUSINESS OR INDUSTRY: Movie Theatre

11. BIRTHPLACE (State or foreign country): Temperanceville Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William E. Fox

14. MOTHER'S MAIDEN NAME: Carrie A. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs J Hurst Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

433.1 **Immediate cause** (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days

93e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) auricular fibrillation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Bronchitis.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 4, 1949, to Mar 10, 1949, that I last saw the deceased alive on Mar 10, 1949, and that death occurred at 7:40 A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Charles W. Feader, M.D. Pocomoke City, Md. 3-10-49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: March 13 1949 | NAME OF CEMETERY OR CREMATORY: Taylor Memorial | LOCATION (City, town, or county) (State): Temperanceville Va.

DATE REC'D BY LOCAL REG.: March 11, 1949 | REGISTRAR'S SIGNATURE: Anne E. White | 24. FUNERAL DIRECTOR | ADDRESS: Henry H. Watson. Pocomoke Md.

RECEIVED
MAR 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03186

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Beaverdam; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaverdam; STREET ADDRESS (If rural give location) Shack on Fleming's Mill Yard.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Gale

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 1900

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Worcester County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Gale

14. MOTHER'S MAIDEN NAME: Maria Ellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mildred Elliott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: Undetermined

002 Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1949, to Mar 28, 1949, that I last saw the deceased alive on Mar 25, 1949, and that death occurred at ... a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles W Trader, M.D. ADDRESS Pocomoke City Md DATE SIGNED Mar. 28, 1949

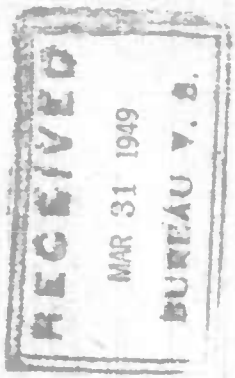
23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE March 29, 1949; NAME OF CEMETERY OR CREMATORY Unionville; LOCATION (City, town, or county) (Rural) Pocomoke; (State) Md.

DATE REG'D BY LOCAL REG. March 29, 1949; REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR J. Edgar Thomas; ADDRESS Accomac, Va.

VS. A15

Miss Annie White
Pocomoke, Md.



M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03187

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) West St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Murray (Last) Goodman

4. DATE OF DEATH (Month) Mar. (Day) 29 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Feb. 28, 1864

9. AGE last birthday 85 yrs. If under 1 year Months 1 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ardmore, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Philip Goodman

14. MOTHER'S MAIDEN NAME Mary Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs. Goodman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atherosclerosis Generalized	
	(c)	

332

83t

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia, rec. C.V.D. — 5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1947, to 29 Mar, 1949 that I last saw the deceased alive on 29 Mar, 1949 and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE Herman A Rabbins M.D. (Degree or title) ADDRESS Berlin, Md. DATE SIGNED 31 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3/29/49

NAME OF CEMETERY OR CREMATORY Evergreen

LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. 3-29-49

REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md

RECEIVED
APR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03188

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Genevrie (Middle) L. (Last) Hopkins

4. DATE OF DEATH: (Month) Mar. (Day) 11, (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH: Dec. 9, 1906 | 9. AGE last birthday: 5 yrs. | If under 1 year: Months 42 Days 3 | If under 24 hrs.: Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore Md | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Samuel Barrett. | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Victoria

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malegnant hypertension — 6 mos +

445 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 102 (b) Hypertension, essential — 18 mos +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Feb, 1949, to 11 Mar, 1949, that I last saw the deceased alive on 11 Mar, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Nathaniel L. Thomas M.D. | Ocean City, Md | 12 Mar 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/15/49 | NAME OF CEMETERY OR CREMATORY St. Paul's. | LOCATION (City, town, or county) (State) Berlin Md.

DATE REC'D BY LOCAL REG. Mar 15 1949 | REGISTRAR'S SIGNATURE Helen F. Hayward | 24. FUNERAL DIRECTOR Burna A Bunting | ADDRESS Berlin Md.

VS. A15

RECEIVED
MAR 18 1949
BUREAU V. S.

Evidence for addition of date of death is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03189

CERTIFICATE OF DEATH

FILM No. G 120 APR 29 1949

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Pocomoke
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6th St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City - Rural
STREET ADDRESS (If rural give location) 6th St 1949

3. NAME OF DECEASED (Type or Print) (First) Ray (Middle) (Last) Holden
4. DATE OF DEATH (Month) (Day) (Year) March 21 1949

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10/29/1886
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General utility man
10b. KIND OF BUSINESS OR INDUSTRY Grocery store
11. BIRTHPLACE (State or foreign country) Pocomoke City Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Holden
14. MOTHER'S MAIDEN NAME Sarah Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 218-16-9904
17. INFORMANT Sherwood Beauchamp, Half Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sick without a doctor

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH: 2 days

322.1

77d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C. alcoholic - Fats

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from after death 3/25/1949, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE N. E. Jastrzebski (Degree or title) Dep. Medical Examiner ADDRESS Pocomoke City Md DATE SIGNED 3/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 28-1949
NAME OF CEMETERY OR CREMATORY Hall's Hill
LOCATION (City, town, or county) Rural Pocomoke, Worcester (State) Md.

DATE REC'D BY LOCAL REG. March 28, 1949
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

03190

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) ETTA (Middle) H (Last) MANUEL

4. DATE OF DEATH (Month) March (Day) 25 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 18-1892
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor at Mason Cannery
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William E. Wise
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 219-07-0485
17. INFORMANT Elsie Manuel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH ?

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 205 am m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to March 23, 1949, that I last saw the deceased alive on 3-22, 1949, and that death occurred at 205A m., from the causes and on the date stated above.

SIGNATURE C. E. Fritcher (Degree or title) ADDRESS Mer Check Co DATE SIGNED 3-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 30 1949
NAME OF CEMETERY OR CREMATORY Hall Hall
LOCATION (City, town, or county) Rural Pocomoke, Worcester (State) Md

DATE REC'D BY LOCAL REG. March 28 1949
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, ADDRESS Pocomoke City Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03191

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stockton
LENGTH OF STAY (in this place) 43
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stockton
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) MAE (Middle) RIGGIN (Last) MERRITT

4. DATE OF DEATH (Month) March (Day) 18 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 28-1885
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY +
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George W. Riggin
14. MOTHER'S MAIDEN NAME Annie Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William Edward Merritt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of cervix uterus — INTERVAL BETWEEN ONSET AND DEATH 4 years

174 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

48b (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to March 17 1949, that I last saw the deceased alive on March 17, 1949, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS [signature] DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 20-1949
NAME OF CEMETERY OR CREMATORY Portieville M E Cemetery
LOCATION (City, town, or county) Stockton, Worcester (State) Md.

DATE REC'D BY LOCAL REG. March 19 1949
REGISTRAR'S SIGNATURE Mary M. Taylor
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03192

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — LENGTH OF STAY (In this place): 77 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) M. (Last) Nelson

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 30 - 1871

9. AGE last birthday: 77-2-23 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Telephone Operator

10b. KIND OF BUSINESS OR INDUSTRY: C & P Telephone Co.

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stewart Nelson

14. MOTHER'S MAIDEN NAME: Mary E. Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: C & P Telephone Co.

17. INFORMANT: Miss Grace Riley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Apoplexy	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Myocarditis	2 yr
260 61	(c) Diabetes Mellitus	20 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 47, to March 23 19 49, that I last saw the deceased alive on March 22 19 49, and that death occurred at 7.30 P. m., from the causes and on the date stated above.

SIGNATURE: Paul Cohen (Degree or title) — ADDRESS: Snow Hill Md — DATE SIGNED: 3/23/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 25/49 — NAME OF CEMETERY OR CREMATORY: Whatcoat Methodist — LOCATION (City, town, or county): Snow Hill (State): Md

DATE REC'D BY LOCAL REG.: 3/24/49 — REGISTRAR'S SIGNATURE: LeRoy Smith

24. FUNERAL DIRECTOR: Elias E. Timmis — ADDRESS:

RECEIVED
MAR 28 1949
BUREAU V. S.

03193

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH · COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Flower St.

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Randolph (Last) Purnell			4. DATE OF DEATH (Month) Mar (Day) 14 (Year) 1949		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH May 15 1900	9. AGE last birthday 48 yrs.	If under 1 year Months 10 Days 14 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LANDSCAPE GARDENER	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Berlin Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Clarence Purnell			14. MOTHER'S MAIDEN NAME Addie Purnell.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Clarence Purnell.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis — 1 hour.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized atherosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystoprylitis — 1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1948, to 14 Mar, 1949, that I last saw the deceased alive on 14 Mar, 1949, and that death occurred at 8 a.m. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herman A. Robbins	M.D.	5 Bay St. Berlin Md	17 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/17/49	NAME OF CEMETERY OR CREMATORY St. Pauls.	LOCATION (City, town, or county) Berlin	(State) Md
DATE REC'D BY LOCAL REG. 3-17-49	REGISTRAR'S SIGNATURE Helen F. Hayward	24. FUNERAL DIRECTOR Anna F. Burbage	ADDRESS Berlin, Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

03194

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Edward (Last) Robbins
4. DATE OF DEATH (Month) Mar. (Day) 12 (Year) 1949
5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 16, 1879
9. AGE last birthday 69 yrs. If under 1 year Months 8 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Berlin Md.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME George W. Robbins.
14. MOTHER'S MAIDEN NAME Lizzie Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Eva Robbins.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
610 Immediate cause	(a) Uremia, sec & Pyonephrosis	1 Yr.
137a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostate Hypertrophy -	3 yrs
	(c) Chronic Degeneration Myocardite	6 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 49
19b. MAJOR FINDINGS OF OPERATION Hypertrophied Prostate Gland
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to 12 Mar, 1949, that I last saw the deceased alive on 12 Mar, 1949, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herman A. Robbins M.D. ADDRESS Berlin, Md DATE SIGNED 3/15/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/16/49
NAME OF CEMETERY OR CREMATORY German town
LOCATION (City, town, or county) (State) Berlin Md R F D.
DATE REC'D BY LOCAL REG. Mar. 16, 1949
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1949
BUREAU U. S.